

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

SPECIMEN ID NO. **0000000 A** LABORATORY ACCESSION NO.

STEP 1: TO BE COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address and I.D. No. B. MRO Name and Address

C. Donor SSN or Employee I.D. No.

D. Reason for Test: ☐ Pre-employment ☐ Random ☐ Reasonable Suspicion/Cause ☐ Post Accident
☐ Return to Duty ☐ Follow-up ☐ Other (specify) _____

E. Tests to be Performed: ☐ THC, Cocaine, PCP, Opiates and Amphetamines
☐ Only THC and Cocaine ☐ OTHER (specify) _____

STEP 2: TO BE COMPLETED BY COLLECTOR - Specimen temperature must be read within 4 minutes of collection.
 Specimen temperature within range: ☐ Yes, 90° - 100°F/32° - 38°C ☐ No, Record specimen temperature here _____

STEP 3: TO BE COMPLETED BY COLLECTOR AND DONOR - Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s).

STEP 4: TO BE COMPLETED BY DONOR - Go to copy 4 (pink page); STEP 4

STEP 5: TO BE COMPLETED BY COLLECTOR

COLLECTION SITE LOCATION:

Collection Facility _____ Collector's Business Phone No. _____

Address _____ City _____ State _____ Zip _____

REMARKS: _____

I certify that the specimen identified on this form is the specimen presented to me by the donor providing the certification on Copy 4 of this form, that it bears the same specimen identification number as that set forth above, and that it has been collected, labeled and sealed in accordance with applicable Federal requirements.

(PRINT) Collector's Name (First, MI, Last) _____ Signature of Collector _____ Date (Mo./Day/Yr.) _____ Time _____ AM PM

STEP 6: TO BE INITIATED BY THE COLLECTOR AND COMPLETED AS NECESSARY THEREAFTER

DATE MO. DAY YR.	SPECIMEN RELEASED BY	SPECIMEN RECEIVED BY	PURPOSE OF CHANGE
///	DONOR - NO SIGNATURE	Signature _____ Name _____	PROVIDE SPECIMEN FOR TESTING
///	Signature _____ Name _____	Signature _____ Name _____	
///	Signature _____ Name _____	Signature _____ Name _____	
///	Signature _____ Name _____	Signature _____ Name _____	

STEP 7: TO BE COMPLETED BY THE LABORATORY - Specimen Bottle Seal(s) Intact: ☐ YES ☐ NO, Explain in Remarks Below.

THE RESULTS FOR THE ABOVE IDENTIFIED SPECIMEN ARE IN ACCORDANCE WITH THE APPLICABLE INITIAL TEST AND CONFIRMATORY TEST CUTOFF LEVELS ESTABLISHED BY THE HHS MANDATORY GUIDELINES FOR FEDERAL WORKPLACE DRUG TESTING PROGRAMS

☐ NEGATIVE ☐ POSITIVE, for the following: ☐ CANNABINOIDS as Carboxy-THC ☐ COCAINE METABOLITES as Benzoylcegonine ☐ PHENCYCLIDINE

☐ TEST NOT PERFORMED ☐ OPIATES: ☐ codeine ☐ morphine ☐ AMPHETAMINES: ☐ amphetamine ☐ methamphetamine ☐ OTHER _____

REMARKS _____

TEST LAB (if different from above) _____ NAME _____ ADDRESS _____ PHONE NO. _____

I certify that the specimen identified by the laboratory accession number on this form is the same specimen that bears the specimen identification number set forth above, that the specimen has been examined upon receipt, handled and analyzed in accordance with applicable Federal requirements, and that the results set forth are for that specimen.

(PRINT) Certifying Scientist's Name (First, MI, Last) _____ Signature of Certifying Scientist _____ Date (Mo./Day/Yr.) _____

STEP 8: TO BE COMPLETED BY THE MEDICAL REVIEW OFFICER

I have reviewed the laboratory results for the specimen identified by this form in accordance with applicable Federal requirements. My determination/verification is:

☐ Negative ☐ Positive ☐ Test Not Performed ☐ Test Canceled

REMARKS _____

(PRINT) Medical Review Officer's Name (First, MI, Last) _____ Signature of Medical Review Officer _____ Date (Mo./Day/Yr.) _____

COPY 1 - ORIGINAL - MUST ACCOMPANY SPECIMEN TO LABORATORY

SPECIMEN
BOTTLE
SEALSSPECIMEN ID NO. **0000000 A**
SPECIMEN ID NO. **0000000 B (SPLIT)**PLACE
OVER
CAP
PLACE
OVER
CAPDate (Mo./Day/Yr.) _____
Donor's initials _____
Date (Mo./Day/Yr.) _____
Donor's initials _____SHIPPING
CONTAINER
SEAL

Date (Mo./Day/Yr.) _____

Collector's initials _____

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